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CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this **FIRST AMENDMENT AFTER FINAL REJECTION** for Serial No. 09/804,287 is being telefacsimile transmitted to: U.S. Patent and trademark Office, (703) 872-9306, on

this 20th day of April, 2004.

By Barbara Brazier
Barbara Brazier

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)	Examiner:
KOLOGY, et al.)	Thomas Y. Ho
)	
FOR:)	Group Art: 3677
RADIOLUCENT SURGICAL TABLE)	
WITH LOW SHADOW ACCESSORY)	
INTERFACE PROFILE)	
)	
Serial No.: 09/804,287)	Confirmation No.: 7462
)	
Filed: March 12, 2001)	
)	
Last Office Action:)	
March 23, 2004)	
)	
Attorney Docket No.:)	April 20, 2004
MEDZ 2 01118)	Cleveland, Ohio 44114

FIRST AMENDMENT AFTER FINAL REJECTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of March 23, 2004, please amend the above-identified application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

FAY, SHARPE, FAGAN, MINNICH & MCKEE, LLP

PATENT TRADEMARK AND COPYRIGHT LAW

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DATE: April 20, 2004

TO: U.S. Patent and Trademark Office

ATTN.: Examiner Thomas Y. Ho

FACSIMILE NO.: (703) 872-9306

FROM: Michael E. Hudzinski

RE: Our Ref.: MEDZ 2 01118

TOTAL PAGES: 16 (including cover sheet)

Please call us immediately at (216) 861-5582 if this transmission is incomplete or illegible.

COMMENTS

First Amendment After Final Rejection

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Attorney Docket No.: MEDZ 2 01118

AMENDMENT TRANSMITTAL LETTER

Ser. No.: 09/804,287	Filed: March 12, 2001	Examiner: Thomas Y. Ho
Art Unit: 3677	Title: RADIOLUCENT SURGICAL TABLE WITH LOW SHADOW ACCESSORY INTERFACE PROFILE	

To the Commissioner for Patents:

Transmitted herewith is an *Amendment* in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	Claims remaining after amendment		Highest Number Previously Paid For	No. of Extra Claims Present	Rate	Additional Rate
Total Claims	29	Minus	29	0	X 18	\$0.00
Indep. Claims	4	Minus	4	0	X 88	\$0.00
TOTAL					=	\$0.00

- ☒ No additional fee is required.
☐ A check in the amount of \$ _____ is attached.
☐ Charge \$ _____ to Deposit Account No. 06-0308.
☐ Applicants hereby petition the Commissioner under 37 C.F.R. § 1.136(a) and request a _____ month extension of time to respond to the outstanding Office Action. Enclosed is a check in the amount of \$ _____ to cover the applicable extension of time fees.
☒ Applicants request any extensions of time that may be necessary and authorize the required fees be charged to Deposit Account No. 06-0308.
☒ Please charge any additional fees or credit overpayment to Deposit Account No. 06-0308.

Respectfully submitted,
 FAY, SHARPE, FAGAN,
 MINNICH & MCKEE, LLP

26 APR 04
 Date

Michael E. Hudzinski
 Michael E. Hudzinski, Reg. No. 34,185
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 Cleveland, OH 44114-2579
 216/861-5582

CERTIFICATE OF MAILING

- I certify that this Amendment Transmittal Letter and accompanying document(s) are being
☐ deposited with the United States Postal Service as First Class mail under 37 C.F.R. 1.8, addressed to: MAIL STOP AMENDMENT FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.
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Express Mail Label No.:	Signature <u>Barbara Brazier</u>
Date April 20, 2004	Printed Name Barbara Brazier

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